

National Obesity Action Forum
Discussion Table Notes
12:45 – 1:30 PM, Tuesday June 6th, 2006

Table Discussion Topic: Schools Facilitator: Samuel Schaffzin

Issues:

- Community & School Linkages – parental influence/parental education
Whose role is it (to prevent obesity)?
- Personal behaviors of educators and their attitudes related to school wellness
- Free resources available
- Children with special needs – no data/tools specific to this population is readily available
- Cross-generational programs to address obesity (individuals and team), i.e. the Women’s Challenge (IL) - 17,000 participants
- School based health centers – an untapped resource
- PE teachers – trained as life educators (as “kinesiology scientists”)
- Obesity at the college level – data is limited. One resource is the American College Health Association.
- Meeting state standards is a critical consideration
- Involvement with change, activity and nutrition (I-CAN).

Additional Resources:

ILSI Center for Health Promotion: <http://chp.ilsu.org>

American College Health Association: <http://www.acha.org>

The Center for Weight and Health: www.cnr.berkeley.edu/cwh

National Assembly on School-Based Health Care:
http://www.nasbhc.org/TAT/Facing_the_obesity_challenge.htm

The Center for Health and Health Care in Schools:
<http://www.healthinschools.org/sh/obesity.asp>

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Issue 1: School priorities can be a barrier to getting “weight management” on their radar.

Discussion/Solution: Principals have great pressure to maintain and raise reading and math scores, which makes it difficult for them to listen to people about the importance of obesity prevention. In addition, at the local level there is a need to identify key leaders in the community or school system that can leverage influence.

Realize that decision makers don't want to experiment with interventions. They want to know about effective programs that have demonstrated outcomes. Identify and share information with these people about initiatives that can point to documented outcomes (preferably longitudinal).

Issue 2: There is a need for health education materials in multiple languages.

Discussion/Solution: Network with other health care providers to request information on specific languages.

Issue 3: The State Department Health Department (DOH) and Department of Education (DOE) are not always on the same page.

Discussion/Solution: Identify states that have effective partnerships. Maryland has a mandated State School Health Council, which makes recommendations to the State Superintendent of Schools. Each local school system is required to have a local school health council to include members from each of the Coordinated School Health Programs 8 areas (CDC model).

Other Challenges:

- Even when school districts make changes it can be very difficult to reach parents and motivate them to reinforce these messages.
- Some school cafeterias over feed children and don't control portion sizes or access to seconds (especially when kids have the money to buy more food).
- A lack of uniformity in state legislation that could mandate BMI assessment, physical education, vending machine sales, etc.